



November 17, 2010

Commonwealth of Kentucky
Personnel Cabinet
Department of Employee Insurance
2nd Floor, State Office Building
501 High Street
Frankfort, Kentucky 40601

Member Name
Address
City, State

Web Site: <http://kehpn.ky.gov>

The Kentucky Employees' Health Plan (KEHP) Dependent Eligibility Verification Program run by Chapman Kelly has now concluded.

Despite multiple requests, our records indicate that you have not verified the Plan Year 2010 eligibility of one or more of your dependent(s). For purposes of this notice, the term "dependent(s)" may include a cross-referenced spouse.

As a result, KEHP cannot provide health insurance coverage for the individual(s) listed below. The effective date of any coverage termination (or any termination of a cross-referenced payment arrangement) is January 1, 2010, or the date the dependent(s) was added to plan, if added after January 1, 2010.

DEPENDENT 1
DEPENDENT 2
DEPENDENT 3

Please note that in the future no person listed above may be enrolled by you as a dependent until you provide the necessary documents to verify eligibility. Spouse or dependent terminations which result in the breaking of a cross-reference plan will result in the conversion of the plan to the appropriate Parent Plus or Single level.

If you believe this termination of coverage is in error, you may file an appeal with KEHP by submitting the attached *Appeal Request Form* no later than **December 15, 2010**. In order to properly file an appeal, the form must be completed in its entirety. Also note that dependents cannot be added back to the health plan unless the required documentation verifying eligibility is provided.

You will receive a refund of any premium overpayment(s) created by the termination of coverage for the above-listed dependent(s). Any premium refunds will most likely be handled through your employer. While you will receive a refund of any premium overpayment, KEHP will seek to recover all claim payments made to doctors, hospitals and other health care providers on behalf of the above-listed dependent(s) after the effective date of coverage termination. The recovery of claim payments will be processed by Humana through your providers.

The Dependent Eligibility Verification Program has been an important campaign in KEHP's continuing efforts to hold back our ever increasing healthcare expenses. As you know, KEHP is a self-funded plan. That means we are all in this together. Nationally, only 80% of plan dollars go toward covering healthcare costs. In our self-funded plan, 95% of every premium dollar goes to covering our members' healthcare claims. The millions of dollars we save from this audit will help hold down costs for all of us. Again, if you believe you have received this notice in error, please follow the appeal process noted above.



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